

Step 2 of			
<b>Fire</b>	<b>Property Damage:</b>	<b>Ignition Factor</b>	<b>Method of Alarm:</b>
	<input type="checkbox"/> 301 Prison Cell, Male <input type="checkbox"/> 302 Prison Cell, Female <input type="checkbox"/> 303 Minimum Security Facility <input type="checkbox"/> 304 Psychiatric Facility <input type="checkbox"/> 305 Vocational Training Area <input type="checkbox"/> 306 Industries <input type="checkbox"/> 307 Common Area <input type="checkbox"/> 308 Trash Can <input type="checkbox"/> 309 Office Space <input type="checkbox"/> 310 Open Land, Field, Etc. <input type="checkbox"/> 311 Other	<input type="checkbox"/> 312 Incendiary—not during civil disturbance <input type="checkbox"/> 313 Incendiary—during civil disturbance <input type="checkbox"/> 314 Suspicious—not during civil disturbance <input type="checkbox"/> 315 Suspicious—during civil disturbance <input type="checkbox"/> 316 Cutting/welding operations <input type="checkbox"/> 317 Fuel spill <input type="checkbox"/> 318 Combustible too close to heat of ignition <input type="checkbox"/> 319 Part failure <input type="checkbox"/> 320 Short circuit <input type="checkbox"/> 321 Lack of Maintenance <input type="checkbox"/> 322 Undetermined <input type="checkbox"/> 323 Other	<input type="checkbox"/> 324 Alarm System <input type="checkbox"/> 325 Radio Report <input type="checkbox"/> 326 Verbal Report <input type="checkbox"/> 327 No Alarm Created
<b>Lost Tool</b>	<b>Describe in Narrative:</b>	e Tool Description e Tool Classification e Tool Markings	
	<b>Narrative (Who, what, where, when, why, how, contributing factors, action taken, etc.):</b> <p>Called to F Block for medical emergency for an unresponsive inmate. Inmate was unresponsive, oxygen applied, and was encouraged to stay with us. Inmate was transported to A.U.H by EMS.</p>		
F10 Appropriate nursing intervention.			
<b>Reporting Staff Member (PRINT):</b>		<b>Signature:</b>	<b>Date Completed:</b>
Donna Edwards		Donna Edwards	8-24-12
			Time Completed:
			1850
<b>Appointing Supervisor/CIC (PRINT):</b>		<b>Signature:</b>	<b>Date Reviewed:</b>
Ryan Luttrell, R.N.		Ryan Luttrell	8-28-12
			Time Reviewed:
			0930
<b>Distribution of All Reports (by Reporting Person):</b>			
<input checked="" type="checkbox"/> Investigations (Original) <input checked="" type="checkbox"/> Unit / Bureau Copy <input checked="" type="checkbox"/> Shift Commander / Supervisor / Regional Administrator <input checked="" type="checkbox"/> Lieutenant / Division Director			
<b>Distributed to Others As Warranted (by Shift Commander / Supervisor / R.A.):</b>			
1. Commissioner's Office (for Database Management) 3. _____ 2. _____ 4. _____			

000031